

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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 P.O. Box 1450  
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29933 7590 01/31/2005

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04/11/2005 DEMMANUE 00000128 160085 09963803

01 FC:2501 700.00 DA  
 02 FC:1504 300.00 DA  
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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Kathleen M. Williams (Depositor's name)  
 Kathleen Williams (Signature)  
 4/6/05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/963,803	09/26/2001	Iann Rance	18433/2042	9170

TITLE OF INVENTION: CHIMERIC EXPRESSION PROMOTERS ORIGINATING FROM COMMELINA YELLOW MOTTLE VIRUS AND CASSAVA VEIN MOSAIC VIRUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	05/02/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SULLIVAN, DANIEL M	1636	800-278000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kathleen M. Williams  
 2 Palmer & Dodge LLP  
 3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Meristem Therapeutics

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Etienne, France

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-0083 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Kathleen Williams

Date

4/6/05

Typed or printed name Kathleen M. Williams

Registration No.

34,380

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Atty. Docket No.: 18433/2042

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Rance, et al.  
Serial No.: 09/963,803  
Filed: September 26, 2001  
Entitled: Chimeric Expression Promoters  
Originating from Commelina  
Yellow Mottle Virus and Cassava  
Vein Mosaic Virus

Examiner: Sullivan, D. M.  
Group Art Unit: 1636  
Notice of Allowance Dated: 1/31/05  
Conf. No.: 9170

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8a**

I hereby certify that this correspondence (and any paper or fee referred to as being enclosed) is being deposited with the United States Post Office as First Class Mail on the date indicated below in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Kathleen M. Williams

Name of Person Mailing Paper

*Kathleen Williams*  
Signature of Person Mailing Paper

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Alexandria, VA 22313-1450

**TRANSMITTAL LETTER**

Enclosed for filing the above-identified patent application, please find the following documents:

1. Part B – Fee(s) Transmittal; and
2. Return Post Card.

The Commissioner for Patents is hereby authorized to charge any fees to Deposit Account No. 16-0085, Reference 18433/2042. A duplicate of this transmittal letter is enclosed for this purpose.

Date: 4/6/05

Respectfully submitted,

*Kathleen Williams*

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